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STATEMENT OF **ORGANIZATION**

FORM 1 1. NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Comm ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2009 23 23 DATE C00436,220 FEC IDENTIFICATION NUMBER IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.